



Attach ADR sticker

Affix patient identification label here and overleaf

Allergies and adverse drug reactions (ADR)

Nil known Unknown (tick appropriate box or complete details below)

Table with columns: Medicine (or other), Reaction / type / date, Initials

Sign Print Date

URN:
Family name:
Given names:
Address:
Date of birth: Sex: M F

First prescriber to print patient name and check label correct:
Weight (kg): Height (cm):

REMOVED AREA

Regular medicines

Main medication chart table with columns for Date, Medicine, Dose, Frequency, Pharmacy, Prescriber, and administration times.

Warfarin education record
Patient educated by:
Sign:
Date:
Given warfarin book:
Sign:
Date:

Recommended administration times Guidelines only
Table with columns: Time of day, Frequency, Dose, and Quantity.

SR = Sustained, modified or controlled release formulation.
If scored tablet, then half can be given.
Dose must be swallowed without crushing.

Reason for not administering Codes MUST be circled
Table with reasons: Absent, Fasting, Refused, Vomiting, On leave, Not available, Withheld, Self administered.

DO NOT WRITE IN THIS BINDING MARGIN

National Long Stay Medication Chart - 11/2008 - © Commonwealth of Australia 2005 - As amended 2008

Check if patient has another medication chart

Check if patient has another medication chart

REMOVED AREA